

ATTACHMENT 6

PAST PERFORMANCE/PROJECT REFERENCES QUESTIONNAIRE

RETURN RESPONSES TO:

**NNSA SERVICE CENTER
ATTN: AGUSTIN ARCHULETA
OBS/SITE SUPPORT DIVISION
P.O. BOX 5400
ALBUQUERQUE, NM 87185
PHONE: 505-845-4686
FAX: 505-845-2525**

**ALL RESPONSES MUST BE RECEIVED PRIOR TO CLOSING DATE OF
SOLICITATION AND MAILED OR FAXED TO THE ADDRESS ABOVE**

SECTION A: CONTRACTOR INFORMATION (to be completed by the Contractor
requesting evaluation prior to mailing)

A. Contractor's name and address: _____

B. Name of Company: _____

C. Project Description noting similarities with project specifications: _____

D. Contract Number: _____

E. Period of Performance and Contract Amount: _____

F. Point of Contact and Telephone Number (with area code):

G. Contact Type:

H. Contractor being evaluated performed as the _____

I. Authorization is hereby granted to provide the information requested in Section B or of this questionnaire.

Signature

Name and Title of Authorizing Official

Date

Contractor Scheduled the project realistically, worked according to schedule, and addressed problems and changes in a timely manner.

3. PRICING:

1 2 3 4 5

Contractor exercised reasonable pricing and change order policies.

4. SAFETY:

1 2 3 4 5

Contractor had a proactive safety program and performed the project with an emphasis on safety.

5. SATISFACTION:

1 2 3 4 5

Customer would have no reservations in awarding another project to the contractor.

Any Other Comments:
